OHIO
Brief
Child and Adolescent
Needs and Strengths

Ohio Brief CANS

Ages Birth through 20

2021 REFERENCE GUIDE

ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Child and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple child-serving systems that address the needs and strengths of children, youth, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively using individual words. As such, this reference guide uses the gender-neutral pronouns "they/them/themselves" in the place of "he/him/himself" and "she/her/herself."

Additionally, "child/youth" is being utilized in reference to "child," "youth," "adolescent," or "young adult." This is due to the broad range of ages to which this manual applies (e.g., ages 6 through 20 years old).

For specific permission to use please contact the Praed Foundation. For more information on the CANS contact:

TABLE OF CONTENTS

INTRODUCTION

THE CANS

The **Child and Adolescent Needs and Strengths (CANS)** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child/youth serving system—children, youth, and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS.

SIX KEY PRINCIPLES OF THE CANS

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.

2. **Each item uses a 4-level rating system that translates into action**. Different action levels exist for needs and strengths. For a description of these action levels please see below.

3. **Rating should describe the child/youth, not the child/youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an "actionable" need (i.e. '2' or '3').

4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older youth or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/youth's developmental age.

5. **The ratings are generally "agnostic as to etiology."** In other words this is a descriptive tool; it is about the "what" not the "why." While most items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the "why" is considered in rating these items.

6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth's present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

The CANS is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS gathers information on the child/youth's and parents/caregivers' needs and strengths. Strengths are the child/youth's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. Care providers use an assessment process to get to know the child or youth and the families with whom they work and to understand their strengths and needs. The CANS helps care providers decide which of a child/youth's needs are the most important to address in treatment or service planning. The CANS also helps identify strengths, which can be the basis of a treatment or service plan. By working with the child/youth and family during the assessment process and talking together about the CANS, care providers can develop a treatment or service plan that addresses a child/youth's strengths and needs while building strong engagement.

The CANS is made up of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a domain that asks about the family's beliefs and preferences, and about general family concerns. The care provider, along with the child/youth and family as well as other stakeholders, gives a number rating to each of these items. These ratings help the provider, child/youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

The CANS ratings, however, do not tell the whole story of a child/youth's strengths and needs. Each section in the CANS is merely the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more information about the child/youth.

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler, & Cohen, 1997; Leon, Uziel-Miller, Lyons, & Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

The CANS builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child/youth and the caregiver, looking primarily at the 30-day period prior to completion of the CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, child/youth-serving systems. It provides for a structured communication and critical thinking about children/youth and their context. The CANS is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual child/youth's progress. It can also be used as a communication tool that provides a common language for all child/youth-serving entities to discuss the child/youth's needs and strengths. A review of the case record in light of the CANS will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the CANS and their supervisors. Additional training is available for CANS super users as experts of CANS administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone can learn to complete the tool reliably, although some applications or more complex versions of the CANS require an educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the CANS' validity, or its ability to measure children/youth's and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child/youth and family.

★ Basic core items – grouped by domain – are rated for all individuals.
★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
★ Individual assessment module questions provide additional information in a specific area.

Each CANS rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, it should be used only in the rare instances where an item does not apply to that particular child/youth.

To complete the CANS, a CANS trained and certified care coordinator, case worker, clinician, or other care provider should read the anchor descriptions for each item and then record the appropriate rating on the CANS form (or electronic record). This process should be done collaboratively with the child/youth, family and other stakeholders.

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see above). The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS is an information integration tool, intended to include multiple sources of information (e.g., child/youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS supports the belief that children, youth, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with children/youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on the child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, youth and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus of strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy child and youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child and youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the CANS can be used to monitor outcomes. This can be accomplished in two ways. First, CANS items that are initially rated a '2' or '3' are monitored over time to determine the percentage of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

HOW IS THE CANS USED?

The CANS is used in many ways to transform the lives of children, youth, and their families and to improve our programs. Hopefully, this guide will help you to also use the CANS as a multi-purpose tool.

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful during initial sessions either in person or over the phone (if there are follow up sessions required) to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any needs, impacts on functioning, or risk factors that you rate as a 2 or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

The CANS is often completed every 6 months to measure change and transformation. We work with children, youth, and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

When a client leaves a treatment program, a closing CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary, integrated with CANS ratings, provides a picture of how much progress has been made, and allows for recommendations for future care which ties to current needs. And finally, it allows for a shared language to talk about our child/youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS: A STRATEGY FOR CHANGE

The CANS is an excellent strategy in addressing children and youth's behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the child/youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Child/Youth Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you and your child/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

Some people may "take off" on a topic. Being familiar with the CANS items can help in having more natural conversations. So, if the family is talking about situations around the youth's anger control and then shift into something like---"you know, he only gets angry when he is in Mr. S's classroom," you can follow that and ask some questions about situational anger, and then explore other school-related issues.

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe the CANS and how it will be used. The description of the CANS should include teaching the child/youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, share with the child/youth and family the CANS domains and items (see the CANS Core Item list on page 12) and encourage the family to look over the items prior to your meeting with them. The best time to do this is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief "yes," "and"—things that encourage people to continue.

★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking, "If I were this person, I would do x" or "That's just like my situation, and I did x." But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.

★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or youth that you are with them.

★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "Does that make sense to you?" Or "Do you need me to explain that in another way?"

★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; and (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds like . . . is that right? Would you say that is something that you feel needs to be watched, or is help needed?"

REDIRECT THE CONVERSATION TO PARENTS'/CAREGIVERS' OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people's observations such as "Well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "So your mother feels that when he does x that is obnoxious. What do YOU think?" The CANS is a tool to organize all points of observation, but the parent or caregiver's perspective can be the most critical. Once you have their perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as "I hear you saying that it can be difficult when ..." demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a "total picture" of the individual and family, and offer them the opportunity to change any ratings.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: "OK, now the next step is a "brainstorm" where we take this information that we've organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let's start. . ."

REFERENCES

American Psychiatric Association (APA). (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5ᵗʰ Ed. (DSM-5).* Washington DC: American Psychiatric Publishing.

Anderson, R.L., & Estle, G. (2001). Predicting level of mental health care among children served in a delivery system in a rural state. *Journal of Rural Health,* 17, 259-265.

Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and a multidisciplinary team decision model. *Child and Youth Services Review,* 34, 2345-2352.

Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2013). Patterns of out of home decision making. *Child Abuse & Neglect,* 37, 871-882.

Chor, B.K.H., McClelland, G.M., Weiner, D.A., Jordan, N., & Lyons, J.S. (2014).   Out of home placement decision making and outcomes in child welfare: A longitudinal study. *Administration and Policy in Mental Health and Mental Health Services Research*, 41, published online March 28.

Cordell, K.D., Snowden, L.R., & Hosier, L. (2016). Patterns and priorities of service need identified through the Child and Adolescent Needs and Strengths (CANS) assessment. *Child and Youth Services Review*, 60, 129-135.

Epstein, R.A., Schlueter, D., Gracey, K.A., Chandrasekhar, R., & Cull, M.J. (2015). Examining placement disruption in Child Welfare. *Residential Treatment for Children & Youth,* 32(3), 224-232.

Israel, N., Accomazzo, S., Romney, S., & Zlatevski, D. (2015). Segregated care: Local area tests of distinctiveness and discharge criteria. *Residential Treatment for Children & Youth,* 32(3), 233-250.

Lardner, M. (2015). Are restrictiveness of care decisions based on youth level of need? A multilevel model analysis of placement levels using the Child and Adolescent Needs and Strengths assessment. *Residential Treatment for Children & Youth*, 32(3), 195-207.

Lyons, J.S. (2004). *Redressing the emperor: Improving the children's public mental health system*. Westport, CT: Praeger Publishing.

Lyons, J.S. (2009). *Communimetrics: A communication theory of measurement in human service settings.* New York: Springer.

Lyons, J.S., & Weiner, D.A. (2009). (Eds.) *Strategies in Behavioral Healthcare: Assessment, Treatment Planning, and Total Clinical Outcomes Management*. New York: Civic Research Institute.

CANS BASIC STRUCTURE

The Ohio Brief Child and Adolescent Needs and Strengths core items are noted below.

CORE ITEMS

Strengths Domain
- Family Strengths
- Interpersonal
- Resiliency
- Natural Supports

Life Functioning Domain
- Family Functioning
- Living Situation
- Social Functioning
- Developmental/Intellectual
- Legal
- Medical/Physical
- Sleep
- School
- Decision Making
- Medication Adherence (14+)

Behavioral/Emotional Needs Domain
- Psychosis (Thought Disorder)
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional
- Conduct (Antisocial Behavior)
- Adjustment to Trauma
- Anger Control
- Substance Use
- Eating Disturbances
- Attachment Difficulties
- Behavioral Regressions
- Somatization
- Interpersonal Problems (14+)

Risk Behaviors Domain
- Suicide Risk
- Non-Suicidal Self-Injurious Behavior
- Other Self-Harm (Recklessness)
- Danger to Others

Risk Behaviors Domain cont'd
- Delinquent Behavior
- Runaway
- Intentional Misbehavior
- Fire Setting
- Victimization/Exploitation
- Sexually Problematic Behavior

Early Childhood Domain
Challenges
- Impulsivity/Hyperactivity
- Depression
- Anxiety
- Oppositional (36 months+)
- Aggressive Behaviors (24 months+)
- Attachment Difficulties
- Adjustment to Trauma
- Regulatory
- Atypical Behaviors
- Sleep (12 months+)

Functioning
- Family Functioning
- Early Education
- Social and Emotional Functioning
- Developmental/Intellectual
- Medical/Physical

Risk Behaviors & Factors
- Self-Harm (12 months+)
- Exploited
- Sexually Probl Behav (24 months+)
- Prenatal Care
- Exposure
- Labor and Delivery
- Birth Weight
- Failure to Thrive

Strengths
- Family Strengths
- Interpersonal
- Natural Supports

Early Childhood Strengths continued
- Resiliency (Persist. & Adaptability)
- Relationship Permanence
- Playfulness

Cultural Factors Domain
- Cultural Stress
- Cultural Diff. within the Family

Potentially Traumatic/Adverse Childhood Experiences
- Sexual Abuse
- Physical Abuse
- Neglect
- Emotional Abuse
- Medical Trauma
- Natural or Manmade Disaster
- Witness to Family Violence
- Witness to Comm/School Violence
- War/Terrorism Affected
- Witness/Victim to Criminal Acts
- Disrupt in Caregiving/Attach Losses
- Parental Criminal Behavior

Caregiver Resources & Needs
- Supervision
- Knowledge
- Residential Stability
- Medical/Physical
- Mental Health
- Substance Use
- Developmental
- Safety
- Family Stress
- Caregiver Post-traumatic Reactions
- Marital/Partner Viol. In the Home
- Family Relationship to the System
- Legal Involvement

STRENGTHS DOMAIN

This domain describes the assets of the child/youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child/youth's strengths while also addressing their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on their needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the child/youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

Question to Consider for this Domain: What child/youth strengths can be used to support a need?

For the **Strengths Domain,** the following categories and action levels are used:

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as their family). If this information is not known, then we recommend a definition of family that includes biological/ adoptive relatives and their significant others with whom the child/youth is still in contact.

Questions to Consider

- Does the child/youth have good relationships with any family member?
- Is there potential to develop positive family relationships?
- Is there a family member that the child/youth can go to in time of need for support? That can advocate for the child/youth?

Ratings and Descriptions

0   *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.*
Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.

1   *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
Family has some good relationships and good communication. Family members are able to enjoy each other's company.   There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support. [continues]

2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.

INTERPERSONAL

This item is used to identify a child/youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider
- Does the child/youth have the trait ability to make friends?
- Do you feel that the child/youth is pleasant and likable?
- Do adults or same age peers like the child/youth?

Ratings and Descriptions

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.* Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
1	*Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

RESILIENCY

This item refers to the child/youth's ability to recognize their internal strengths and use them in managing daily life.

Questions to Consider	Ratings and Descriptions
• What does the child/youth do well? • Is the child/youth able to recognize their skills as strengths? • Is the child/youth able to use their strengths to problem solve and address difficulties or challenges?	**0** *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.* Child/youth is able to both identify and use strengths to better themselves and successfully manage difficult challenges.
	1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child/youth is able to identify most of their strengths and is able to partially utilize them.
	2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child/youth is able to identify strengths but is not able to utilize them effectively.
	3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child/youth is not yet able to identify personal strengths.

NATURAL SUPPORTS

This item refers to unpaid helpers in the child/youth's natural environment. These include individuals who provide social support to the target child/youth and family. All family members and paid caregivers are excluded.

Questions to Consider	Ratings and Descriptions
• Who does the child/youth consider to be a support? • Does the child/youth have non-family members in the child/youth's life that are positive influences?	**0** *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.* Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.
	1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.
	2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child/youth has some identified natural supports, however, these supports are not actively contributing to the child/youth's healthy development.
	3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child/youth has no known natural supports (outside of family and paid caregivers).

LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children, youth, and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

Question to Consider for this Domain: How is the child/youth functioning in individual, family, peer, school, and community realms?

For the **Life Functioning Domain,** use the following categories and action levels:

0   No evidence of any needs; no need for action.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2   Action is required to ensure that the identified need is addressed; need is interfering with functioning.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

FAMILY FUNCTIONING
This item rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e. who the child/youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the child/youth has with their family as well as the relationship of the family as a whole.

Questions to Consider

- Is there conflict in the family relationship that requires resolution?
- Is treatment required to restore or develop positive relationship in the family?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or suspicion of problems. Child/youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/youth. Arguing may be common but does not result in major problems.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.

LIVING SITUATION
This item refers to how the child/youth is functioning in the child/youth's current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider	Ratings and Descriptions
• How has the child/youth been behaving and getting along with others in the current living situation?	**0** *No evidence of any needs; no need for action.* No evidence of problem with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child/youth has moderate to severe problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being unable to remain in present living situation due to problematic behaviors.

SOCIAL FUNCTIONING
This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the child/youth is doing currently. Strengths are longer-term assets.

Questions to Consider

- Is the child/youth pleasant and likeable?
- Do same age peers like the child/ youth?
- Do you feel that the child/youth can act appropriately in social settings?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
No evidence of problems and/or child/youth has developmentally appropriate social functioning.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth is having some problems with social relationships that interfere with functioning in other life domains.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

DEVELOPMENTAL/INTELLECTUAL

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

Questions to Consider

- Does the child/youth's growth and development seem healthy?
- Has the child/youth reached appropriate developmental milestones (such as walking, talking)?
- Has anyone ever mentioned that the child/youth may have developmental problems?
- Has the child/youth developed like other same age peers?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.

LEGAL

This item indicates the child/youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating.

Questions to Consider
- Has the child/youth ever admitted to breaking the law?
- Has the child/youth ever been arrested?
- Has the child/youth ever been in detention?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* Child/youth has no known legal difficulties or involvement with the court system.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child/youth has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system; or immediate risk of involvement with the legal system.
2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child/youth has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child/youth has serious current or pending legal difficulties that place them at risk for a court ordered out of home placement, or incarceration (ages 18 to 21) such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).

MEDICAL/PHYSICAL

This item describes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider
- Does the child/youth have anything that limits their physical activities?
- How much does this interfere with the child/youth's life?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence that the child/youth has any medical or physical problems, and/or they are healthy.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child/youth has *serious* medical or physical problems that require medical treatment or intervention. Or child/youth has a *chronic* illness or a physical challenge that requires *ongoing* medical intervention.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child/youth has *life-threatening* illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

SLEEP

This item rates the child/youth's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

Ratings and Descriptions

Questions to Consider

- Does the child/youth appear rested?
- Is the child/youth often sleepy during the day?
- Does the child/youth have frequent nightmares or difficulty sleeping?
- How many hours does the child/youth sleep each night?

0   *No evidence of any needs; no need for action.*
Child/youth gets a full night's sleep each night and feels rested.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares. Sleep is not restful for the child/youth.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep and doesn't feel rested. Difficulties in sleep are interfering with their functioning in at least one area of their life.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep and does not feel rested. Child/youth's sleep deprivation is dangerous and places them at risk.

SCHOOL

This item rates the child/youth's experiences in educational settings and the child/youth's ability to get their needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, progress, support from the school staff to meet the child/youth's needs, and the child's behavioral response to these environments.

Ratings and Descriptions

Questions to Consider
- What is the child's experience in preschool/daycare?
- Does the child/youth have difficulties with learning new skills, social relationships or behavior?

0   *No evidence of any needs; no need for action.*
No evidence of problems with functioning in current educational environment.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or evidence of problems with functioning in the school environment. Child/youth may be enrolled in a special program.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth is experiencing difficulties maintaining their behavior, attendance, and/or progress in the school setting.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth's problems with functioning in the school environment place them at immediate risk of being removed from program due to their behaviors, lack of progress, or unmet needs.

NA   Child/youth is not in school due to age or home schooling.

DECISION MAKING
This item describes the child/youth's age-appropriate decision making process and understanding of choices and consequences.

Questions to Consider

- How is the child/youth's judgment and ability to make good decisions?
- Does the child/youth typically make good choices for themselves?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
No evidence of problems with judgment or decision making that result in harm to development and/or well-being.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Problems with judgment in which the child/youth makes decisions that are in some way harmful to their development and/or well-being. As a result, more supervision is required than expected for their age.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth makes decisions that would likely result in significant physical harm to self or others. Therefore, child/youth requires intense and constant supervision, over and above that expected for child/youth's age.

MEDICATION ADHERENCE (Age 14+)

This item focuses on the level of the youth's willingness and participation in taking prescribed medications.

Questions to Consider	Ratings and Descriptions
• Is the youth prescribed any medications? • Does the youth take the medications as prescribed?	**0** *No evidence of any needs; no need for action.* This level indicates a youth who takes medications as prescribed and without reminders, or a youth who is not currently on any medication.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* This level indicates a youth who will take medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* This level indicates a youth who is somewhat non-compliant. They may be resistant to taking medications or may tend to overuse their medications. They might comply with prescription plans for periods of time (1-2 weeks) but generally do not sustain taking medication in prescribed dose or protocol.
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* This level indicates a youth who has refused to take prescribed medications during the past 30-day period or who has abused their medications to a significant degree (i.e., overdosing or over using medications to a dangerous degree).
	NA Youth is younger that 14 years of age

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

This section identifies the behavioral health needs of the child/youth. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication.   In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below.

Question to Consider for this Domain: What are the presenting social, emotional, and behavioral needs of the child/youth?

For the **Behavioral/Emotional Needs Domain,** use the following categories and action levels:

0   No evidence of any needs; no need for action.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2   Action is required to ensure that the identified need is addressed; need is interfering with functioning.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

PSYCHOSIS (THOUGHT DISORDER)
This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e. experiencing things others do not experience), delusions (i.e. a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/idiosyncratic behavior.

Questions to Consider
- Does the child/youth exhibit behaviors that are unusual or difficult to understand?
- Does the child/youth engage in certain actions repeatedly?
- Are the unusual behaviors or repeated actions interfering with the child/youth's functioning?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
No evidence of psychotic symptoms. Both thought processes and content are within normal range.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical. [continues]

3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.

IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention Deficit Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in the DSM-5. Children/youth with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), sexual behavior, fire-starting or stealing.

Ratings and Descriptions

Questions to Consider

- Is the child/youth unable to sit still for any length of time?
- Does the child/youth have trouble paying attention for more than a few minutes?
- Is the child/youth able to control their behavior, talking?

0	*No evidence of any needs; no need for action.* No evidence of symptoms of loss of control of behavior.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.
2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers self or others without thinking.

DEPRESSION

This item rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

Ratings and Descriptions

Questions to Consider

- Is child/youth concerned about possible depression or chronic low mood and irritability?
- Has the child/youth withdrawn from normal activities?
- Does the child/ youth seem lonely or not interested in others?

0   *No evidence of any needs; no need for action.*
No evidence of problems with depression.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

ANXIETY

This item rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

Questions to Consider

- Does the child/youth have any problems with anxiety or fearfulness?
- Is the child/youth avoiding normal activities out of fear?
- Does the child/youth act frightened or afraid?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of anxiety symptoms.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context.
2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

OPPOSITIONAL BEHAVIOR

This item rates the child/youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the child/youth. This

Questions to Consider

- Does the child/youth follow their caregivers' rules?
- Have teachers or other adults reported that the child/youth does not follow rules or directions?
- Does the child/youth argue with adults when they try to get the child/youth to do something?
- Does the child/youth do things that they have been explicitly told not to do?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of oppositional behaviors.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A child/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

CONDUCT (ANTISOCIAL BEHAVIOR)
This item rates the degree to which a child/youth engages in behavior that is consistent with the presence of a Conduct Disorder.

Questions to Consider

- Is the child/youth seen as dishonest? How does the child/youth handle telling the truth/lies?
- Has the child/youth been part of any criminal behavior?
- Has the child/youth ever shown violent or threatening behavior towards others?
- Has the child/youth ever tortured animals?
- Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of serious violations of others or laws.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.
2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.
3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child/youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.

ADJUSTMENT TO TRAUMA

This item is used to describe the child/youth who is having difficulties adjusting to a traumatic experience, as defined by the child/youth. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

	Ratings and Descriptions
	0 — *No evidence of any needs; no need for action.* No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.
Questions to Consider • What was the child/youth's trauma? • How is it connected to the current issue(s)? • What are the child/youth's coping skills? • Who is supporting the child/youth?	**1** — *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* The child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
	2 — *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain.
	3 — *Need is dangerous or disabling; requires immediate and/or intensive action.* Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

ANGER CONTROL

This item captures the child/youth's ability to identify and manage their anger when frustrated.

Questions to Consider

- How does the child/youth control their emotions?
- Does the child/youth get upset or frustrated easily?
- Does the child/youth overreact if someone criticizes or rejects them?
- Does the child/youth seem to have dramatic mood swings?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
No evidence of any anger control problems.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.

SUBSTANCE USE

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a child/youth. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. This item does not apply to the use of tobacco or caffeine.

Questions to Consider

- Has the child/youth used alcohol or drugs on more than an experimental basis?
- Do you suspect that the child/youth may have an alcohol or drug use problem?
- Has the child/youth been in a recovery program for the use of alcohol or illegal drugs?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
Child/youth has no notable substance use difficulties at the present time.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/youth.

EATING DISTURBANCES
This item includes problems with eating including disturbances in body image, refusal to maintain normal body weight and recurrent episodes of binge eating. These ratings are consistent with DSM Eating Disorders.

	Ratings and Descriptions
Questions to Consider • Does the child/youth have any challenges with eating? • Is the child/youth an overly picky eater? • Does the child/youth have any eating rituals?	**0** *No evidence of any needs; no need for action.* This rating is for a child/youth with no evidence of eating disturbances. **1** *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* This rating is for a child/youth with some eating disturbance that is not interfering with their functioning. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns. **2** *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* This rating is for a child/youth with eating disturbance that interferes with their functioning. This could include preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This individual may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa). **3** *Need is dangerous or disabling; requires immediate and/or intensive action.* This rating is for a child/youth with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

ATTACHMENT DIFFICULTIES

This item rates the level of difficulties the child/youth has with attachment and their ability to form relationships.

Questions to Consider

- Does the child/youth struggle with separating from caregiver?
- Does the child/youth approach or attach to strangers?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*

No evidence of attachment problems. Caregiver-youth relationship is characterized by mutual satisfaction of needs and child/youth's development of a sense of security and trust. Caregiver is able to respond to child/youth cues in a consistent, appropriate manner, and child/youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Some history or evidence of insecurity in the caregiver-youth relationship. Caregiver may have difficulty accurately reading child/youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/youth may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child/youth may have minor difficulties with appropriate physical/emotional boundaries with others.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

Problems with attachment that interfere with child/youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child/youth cues, act in an overly intrusive way, or ignore/avoid child/youth bids for attention/nurturance. Child/youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*

Child/youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child/youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child/youth is considered at ongoing risk due to the nature of their attachment behaviors. Child/youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child/youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

BEHAVIORAL REGRESSIONS
This item is used to describe shifts in previously adaptive functioning evidenced in regressions in behaviors or physiological functioning.

Questions to Consider

- Does the child/youth exhibit age-inappropriate behavior?
- Is there a significant issue that is causing the child/youth to have age-regressive behaviors?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
This rating is given to a child/youth with no evidence of behavioral regression.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
This rating is given to a child/youth with some regressions in age-level of behavior (e.g., thumb sucking, whining when age-inappropriate).

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
This rating is given to a child/youth with moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
This rating is given to a child/youth with more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.

SOMATIZATION
This item rates the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudo seizures) and associated with psychosocial distress and medical help-seeking.

Questions to Consider

- Does the child/youth often complain of medical symptoms without medical cause?
- Is there a significant issue that is causing the child/youth to have somatic complaints?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
This rating is for a child/youth with no evidence of somatic symptoms.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
This rating indicates a child/youth with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
This rating indicates a child/youth with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child/youth may meet criteria for a somatoform disorder. Additionally, the child/youth could manifest any conversion symptoms here (e.g., pseudo seizures, paralysis).

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
This rating indicates a child/youth with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

INTERPERSONAL PROBLEMS (Age 14+)

This item identifies problems with relating to other people including significant manipulative behavior, social isolation, or significant conflictual relationships. The presence of any DSM personality disorder may be rated here.

Questions to Consider	Ratings and Descriptions
Questions to Consider • Does the youth have any manipulative behaviors? • Does the youth socially isolate themselves? • Is the youth diagnosed with personality disorders?	**0** *No evidence of any needs; no need for action.* No evidence of notable interpersonal problems identified. **1** *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* History or evidence of some interpersonal problems; behavior is probably sub-threshold for the diagnosis of personality disorder. Mild but consistent antisocial or narcissistic behavior is rated here. **2** *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Youth's relationship problems are beginning to interfere with their life functioning and may warrant a DSM personality disorder diagnosis. **3** *Need is dangerous or disabling; requires immediate and/or intensive action.* Youth's interpersonal problems have a significant impact on their long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently. **NA** Youth is under 14 years of age.

RISK BEHAVIORS DOMAIN

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

Question to Consider for this Domain: Does the child/youth's behaviors put them at risk for serious harm?

For the **Risk Behaviors Domain,** use the following categories and action levels:

0   No evidence of any needs; no need for action.

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2   Action is required to ensure that the identified need or risk behavior is addressed.

3   Intensive and/or immediate action is required to address the need or risk behavior.

SUICIDE RISK
This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a child or youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating.

Questions to Consider

- Has the child/youth ever talked about a wish or plan to die or to kill themselves?

- Has the child/youth ever tried to commit suicide?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
No evidence of suicidal ideation.

1   *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*
Recent, but not acute, suicidal ideation or gesture.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
Current suicidal ideation and intent OR command hallucinations that involve self-harm.

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This item includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the child/youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

Questions to Consider

- Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?
- Does the child/ youth ever purposely hurt themselves (e.g., cutting)?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of any forms of self-injury.
1	*Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* A history or suspicion of self-injurious behavior.
2	*Action is required to ensure that the identified need or risk behavior is addressed.* Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
3	*Intensive and/or immediate action is required to address the need or risk behavior.* Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.

OTHER SELF-HARM (RECKLESSNESS)

This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child/youth or others in some jeopardy. Suicidal or self-injurious behaviors are not rated here.

Questions to Consider

- Does the child/ youth act without thinking?
- Has the child/youth ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?

Ratings and Descriptions

0	*No evidence of any needs; no need for action.* No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.
1	*Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.
2	*Action is required to ensure that the identified need or risk behavior is addressed.* Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.
3	*Intensive and/or immediate action is required to address the need or risk behavior.* Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

DANGER TO OTHERS

This item rates the child/youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this item.

Ratings and Descriptions

Questions to Consider

- Has the child/youth ever injured another person on purpose?
- Does the child/youth get into physical fights?
- Has the child/youth ever threatened to kill or seriously injure others?

0   *No evidence of any needs; no need for action.*
No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).

1   *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*
Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

DELINQUENT BEHAVIOR

This item includes both criminal behavior and status offenses that may result from child/youth failing to follow required behavioral standards (e.g., truancy, curfew violations, driving without a license). Sexual offenses should be included as criminal behavior. If caught, the child/youth could be arrested for this behavior.

Ratings and Descriptions

Questions to Consider

- Do you know of laws that the child/youth has broken (even if the child/youth has not been charged or caught)?
- Has the child/youth ever been arrested?

0   *No evidence of any needs; no need for action.*
No evidence or no history of delinquent behavior.

1   *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*
Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.

RUNAWAY
This item describes the risk of running away or actual runaway behavior.

Ratings and Descriptions

Questions to Consider

- Has the child/ youth ever run away from home, school, or any other place?
- If so, where did the child/youth go? How long did they stay away? How was the child/ youth found?
- Does the child/ youth ever threaten to run away?

0   *No evidence of any needs; no need for action.*

Child/youth has no history of running away or ideation of escaping from current living situation.

1   *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

Child/youth has no recent history of running away but has expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*

Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has run home (parental or relative).

3   *Intensive and/or immediate action is required to address the need or risk behavior.*

Child/youth has run from home and/or treatment settings in the recent past and presents an imminent flight risk. A child/youth who is currently a runaway is rated here.

INTENTIONAL MISBEHAVIOR

This item describes intentional behaviors that a child/youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child/youth lives) that put the child/youth at some risk of consequences. It is not necessary that the child/youth be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the child/youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child/youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for children/youth who engage in such behavior solely due to developmental delays.

Questions to Consider

- Does the child/youth intentionally do or say things to upset others or get in trouble with people in positions of authority (e.g., parents or teachers)?

- Has the child/youth engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the child/youth such as suspension, job dismissal, etc.?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
    Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.

1   *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
    Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*
    Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences, is causing problems in the child/youth's life.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
    Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community).

FIRE SETTING

This item refers to behavior involving the intentional setting of fires that might be dangerous to the child/youth or others. This includes both malicious and non-malicious fire setting. This does NOT include the use of candles or incense or matches to smoke or accidental fire setting.

Questions to Consider

- Has the child/youth ever started a fire?

- Has the incident of fire setting put anyone at harm or at risk of harm?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
    No evidence of fire setting by the child/youth.

1   *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
    History of fire setting but not in the recent past.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*
    Recent fire-setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
    Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

VICTIMIZATION/EXPLOITATION

This item describes a child/youth who has been victimized by others. This item is used to examine a history and pattern of being the object of abuse and/or whether the person is at current risk for re-victimization or exploitation. It would also include individuals who are victimized in other ways (e.g., being bullied, sexual abuse, sexual exploitation, etc.).

	Ratings and Descriptions
Questions to Consider • Has the child/youth ever been exploited? • Is the child/youth currently being exploited?	**0** *No evidence of any needs; no need for action.* No evidence that the child/youth has experienced a pattern of victimization or exploitation. They may have been bullied, robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Child/youth is not presently at risk for re-victimization or exploitation. **1** *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child/youth has a prior pattern of victimization or exploitation, but the they have not been victimized to any significant degree in the past year. Child/youth is not presently at risk for re-victimization or exploitation. **2** *Action is required to ensure that the identified need or risk behavior is addressed.* Child/youth has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime. **3** *Intensive and/or immediate action is required to address the need or risk behavior.* Child/youth has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, sexual activity) or living in an abusive relationship.

SEXUALLY PROBLEMATIC BEHAVIOR

This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior.

Questions to Consider

- Has the child/youth ever been involved in sexual activities or done anything sexually inappropriate?
- Has the child/youth ever had difficulties with sexualized behavior or problems with physical/sexual boundaries?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*

No evidence of problems with sexual behavior.

1   *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior, language or dress. Poor boundaries with regards to physical/sexual contact may be rated here.

2   *Action is required to ensure that the identified need or risk behavior is addressed.*

Individual's problems with sexual behavior are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing, multiple older sexual partners or frequent sexualized language. Age-inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*

Severe problems with sexual behavior including sexual exploitation, exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.

EARLY CHILDHOOD DOMAIN

This section is to be completed when the child is birth to 5 years old. The Potentially Traumatic/Adverse Childhood Experiences (page 62) and the Caregiver Resources and Needs Domain (page 67) must also be completed for this age group.

CHALLENGES

> For the **Challenges** items, use the following categories and action levels:
>
> 0   No current need; no need for action or intervention.
>
> 1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
>
> 2   Action is required to ensure that the identified need is addressed; need is interfering with functioning.
>
> 3   Needss are dangerous or disabling; requires immediate and/or intensive action.

IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention Deficit Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in the DSM-5. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences.

Questions to Consider

- Is the child unable to sit still for a length of time that is developmentally typical?
- Is the child able to control their behavior at a developmentally appropriate level?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
No evidence of symptoms of loss of control of behavior.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child at risk of future functioning difficulties. The child may exhibit limited impulse control (e.g., child may yell out answers to questions or may have difficulty waiting one's turn). Some motor difficulties may be present as well, such as pushing or shoving others.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's functioning in at least one life domain. This indicates a child with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, etc.). A child who often intrudes on others and often exhibits aggressive impulses would be rated here. [continues]

IMPULSIVITY/HYPERACTIVITY continued

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child at risk of physical harm. This indicates a child with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous physical play). The child may be impulsive on a nearly continuous basis. The child endangers self or others with impulsive behaviors.

DEPRESSION

This item rates symptoms such as irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*

No evidence of problems with depression.

Questions to Consider

- Are the child's caregivers concerned about possible depression or chronic low mood and irritability?
- Has the child withdrawn from normal activities?
- Does the child seem listless, sad or socially withdrawn?

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*

History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer or family interactions, or learning that does not lead to pervasive avoidance behavior. Infants may appear withdrawn and slow to engage at times; young children may be irritable or demonstrate constricted affect.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*

Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*

Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain. This rating is given to a child with a severe level of depression. This would include a child who withdraws from activity (school, play) or interaction (with family, peers, significant adults) due to depression. Disabling forms of depressive diagnoses would be rated here.

ANXIETY

This item rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors).

Questions to Consider	Ratings and Descriptions
Questions to Consider • Does the child have any problems with anxiety or fearfulness? • Is the child avoiding normal activities out of fear? • Does the child act frightened or afraid?	**0** *No evidence of any needs; no need for action.* No evidence of anxiety symptoms. **1** *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* There is a history, suspicion, or evidence of some anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that is not yet causing the child significant distress or markedly impairing functioning in any important context. Anxiety or fear is present, but child is able to be soothed and supported. **2** *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child's ability to function in at least one life domain. Child may show irritability or heightened reactions to certain situations, significant separation anxiety, or persistent reluctance or refusal to cope with fear-inducing situation(s). **3** *Need is dangerous or disabling; requires immediate and/or intensive action.* Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

OPPOSITIONAL

This item rates the child's relationship with authority figures. Generally oppositional behavior is displayed in response to limits or structure set by a parent, caregivers, or other authority figure with responsibility for and control over the child. **The child must be 3 years old or older to rate this item.**

Questions to Consider

- Does the child follow their caregivers' rules?
- Have teachers or other adults reported that the child does not follow rules or directions?
- Does the child argue with adults when they try to get the child to do something?
- Does the child do things that they have been explicitly told not to do?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
    No evidence of oppositional behaviors.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
    There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
    Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others. A child whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
    Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child has severe problems with compliance with rules or adult instruction or authority.

NA   The child is younger than 36 months (3 years) of age.

AGGRESSIVE BEHAVIORS

This item rates the child's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate that caregivers are unable to shape/control the child's aggressive behaviors. **Child must be at least 24 months old to rate this item.**

Questions to Consider

- Has the child ever tried to injure another person or animal on purpose?
- Do they hit, kick, bite, or throw things at others with intent to hurt them?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
    No evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
    History of aggressive behavior toward people or animals or concern expressed by caregivers about aggression.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
    Clear evidence of aggressive behavior toward people or others in the past 30 days. Caregiver's attempts to redirect or change behaviors have not been successful.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
    The child exhibits a current, dangerous level of aggressive behavior that involves the threat of harm to animals or others. Caregivers are unable to mediate this dangerous behavior.

NA   Child is younger than 24 months (2 years) of age.

ATTACHMENT DIFFICULTIES
This item should be rated within the context of the child's significant parental or caregiver relationships.

Questions to Consider	Ratings and Descriptions
- Does the child struggle with separating from caregiver? - Does the child approach or attach to strangers in indiscriminate ways? - Does the child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance? - Does the child have separation anxiety issues that interfere with ability to engage in childcare or preschool?	**0** *No evidence of any needs; no need for action.* No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Child seeks age-appropriate contact with caregiver for both nurturing and safety needs. **1** *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others. **2** *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others, putting them at risk. **3** *Need is dangerous or disabling; requires immediate and/or intensive action.* Infant/child may be unable to separate or be calmed following a separation from caregiver. Older children may have disabling separation anxiety or exhibit extremely controlling behaviors with caregiver. Children whose indiscriminant boundaries put them in danger would be rated here. Children diagnosed with Reactive Attachment Disorder would be rated here.

ADJUSTMENT TO TRAUMA

This item is used to describe the child who is having difficulties adjusting to a traumatic experience. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and the behavior.

Questions to Consider

- Has the child experienced a traumatic event?
- Does the child experience frequent nightmares?
- Is the child troubled by flashbacks? Does the child repeatedly 'play out' or 'act out' traumatic experiences?
- What are the child's current coping skills?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
No evidence that child has experienced a traumatic life event, OR child has adjusted well to traumatic/adverse experiences.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
The child has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.

2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child's functioning in at least one life domain.

3 *Need is dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

REGULATORY
This item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, the ability to moderate intense emotions without the use of aggression, and ability to be consoled.

Questions to Consider	Ratings and Descriptions
- Does the child have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities? - Does the child have severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play? - Does the child require more adult supports to cope with frustration than other children in similar settings? Does the child have more distressing tantrums or yelling fits than other children? Does the child respond with aggression when they are upset?	**0** *No evidence of any needs; no need for action.* Strong evidence the child is developing strong self-regulation capacities. This is indicated by the capacity to fall asleep, regular patterns of feeding and sleeping. Infants can regulate breathing and body temperature, are able to move smoothly between states of alertness, sleep, feeding on schedule, able to make use of caregiver/pacifier to be soothed, and moving toward regulating themselves (e.g., infant can begin to calm to caregiver's voice prior to being picked up). Toddlers are able to make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down. **1** *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed. **2** *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Concern in one or more areas of regulation: sleep, crying, feeding, tantrums/aggression, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed. **3** *Need is dangerous or disabling; requires immediate and/or intensive action.* Concern in two or more areas of regulation, including but not limited to: difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self soothe, sensitivity and/or aggressive responses to environmental or emotional stressors.

ATYPICAL BEHAVIORS

This item describes ritualized or stereotyped behaviors (where the child repeats certain actions over and over again) or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.

Questions to Consider
- Does the child exhibit behaviors that are unusual or difficult to understand?
- Does the child engage in certain repetitive actions?
- Are the unusual behaviors or repeated actions interfering with the child's functioning?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the child.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Atypical behaviors (repetitive or stereotyped behaviors) reported by caregivers or familiar individuals that may have mild or occasional interference in the child's functioning.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the child's functioning.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency, and are disabling or dangerous.

SLEEP

This item rates the child's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age to rate this item.**

Questions to Consider
- Does the child appear rested?
- What are the child's nap and bedtime routines?
- How does the child's sleep routine impact the family?

Ratings and Descriptions

0   *No evidence of any needs; no need for action.*
Child gets a full night's sleep each night.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having night terrors.

2   *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child is having problems with sleep. Sleep is disrupted often and child seldom obtains a full night of sleep.

3   *Need is dangerous or disabling; requires immediate and/or intensive action.*
Child is generally sleep deprived. Sleeping is almost always difficult and the child is not able to get a full night's sleep.

NA   Child is younger than 12 months (1 year) of age.

FUNCTIONING

For the **Functioning** items, use the following categories and action levels:

0   No current need; no need for action or intervention.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2   Action is required to ensure that the identified need is addressed; need is interfering with functioning.

3   Needs are dangerous or disabling; requires immediate and/or intensive action.

FAMILY FUNCTIONING

This item rates the child's relationships with those who are in their family. It is recommended that the description of family should come from the child's perspective (i.e. who the child describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child is still in contact. Foster families should only be considered if they have made a significant commitment to the child. For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationships and interactions the child has with their family as well as the relationship of the family as a whole.

Questions to Consider	Ratings and Descriptions
	0 *No evidence of any needs; no need for action.* No evidence of problems in relationships with family members, and/or child is doing well in relationships with family members.
• How does the child get along with siblings or other children in the household? • How does the child get along with parents or other adults in the household? • Is the child particularly close to one or more members of the family?	**1** *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* History or suspicion of problems, and/or child is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships. Relationship stress may be common but does not result in major problems.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child's problems with parents, siblings and/or other family members are impacting their functioning. Frequent relationship stress, difficulty maintaining positive relationships may be observed.
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Child's problems with parents, siblings, and/or other family members are debilitating, placing them at risk. This would include problems of domestic violence, absence of any positive relationships, etc.

Supplemental Information: Family Functioning should be rated independently of the problems the child experienced or stimulated by the child currently being assessed.

EARLY EDUCATION

This item rates the child's experiences in educational settings (such as daycare and preschool) and the child's ability to get their needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, progress, support from the school staff to meet the child's needs, and the child's behavioral response to these environments. ***Children under 5 who are not in any congregate learning settings (EHS, HS, Preschool, Pre-K) would be rated a '0' here.***

Questions to Consider	Ratings and Descriptions
• What is the child's experience in preschool/daycare? • Does the child have difficulties with learning new skills, social relationships or behavior?	**0** *No evidence of any needs; no need for action.* No evidence of problems with functioning in current educational environment.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* History or evidence of problems with functioning in current daycare or preschool environment. Child may be enrolled in a special program.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child is experiencing difficulties maintaining their behavior, attendance, and/or progress in this setting.
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Child's problems with functioning in the daycare or preschool environment place them at immediate risk of being removed from program due to their behaviors, lack of progress, or unmet needs.

SOCIAL AND EMOTIONAL FUNCTIONING

This item rates the child's social and relationship functioning. This includes age-appropriate behavior and the ability to engage and interact with others. When rating this item, consider the child's level of development.

Questions to Consider	Ratings and Descriptions
• How does the child get along with others? • Can an infant engage with and respond to adults? Can a toddler interact positively with peers? • Does the child interact with others in an age-appropriate manner?	**0** *No evidence of any needs; no need for action.* No evidence of problems with social functioning; child has positive social relationships.
	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child is having some problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child is having problems with their social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

DEVELOPMENTAL/INTELLECTUAL

This item describes the child's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities or delays. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders.

	Ratings and Descriptions
	0 *No evidence of any needs; no need for action.* No evidence of developmental delay and/or child has no developmental problems or intellectual disability.
Questions to Consider • Does the child's growth and development seem age appropriate? • Has the child been screened for any developmental problems?	**1** *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* There are concerns about possible developmental delay. Child may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning or development are indicated.
	2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others.
	3 *Need is dangerous or disabling; requires immediate and/or intensive action.* Child has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social functioning and self-care across multiple environments.

MEDICAL/PHYSICAL

This item describes both health problems and chronic/acute physical conditions or impediments.

Questions to Consider	Ratings and Descriptions
- Is the child generally healthy? - Does the child have any medical problems? - How much does the health or medical issue this interfere with the child's life?	**0** *No evidence of any needs; no need for action.* No evidence that the child has any medical or physical problems, and/or they are healthy. **1** *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Child has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma. **2** *Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child has *serious* medical or physical problems that require medical treatment or intervention. Or child has a *chronic* illness or a physical challenge that requires ongoing medical intervention. **3** *Need is dangerous or disabling; requires immediate and/or intensive action.* Child has *life-threatening* illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child's safety, health, and/or development.

Supplemental Information: Most transient, treatable conditions would be rated as a '1.' Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2.' The rating '3' is reserved for life threatening medical conditions.

RISK BEHAVIORS AND FACTORS

For the **Risk Behaviors and Factors** items, use the following categories and action levels:

0   No history of developmental risk factor; no need for attention or intervention.

1   Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.

2   Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the need is addressed.

3   Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.

SELF-HARM
This item rates the presence of repetitive behaviors, like head-banging or biting/hitting oneself that result in physical harm to the child. **The child must be 12 months of age to rate this item.**

Questions to Consider	Ratings and Descriptions
• Has the child head banged or done other self-harming behaviors? • If so, does the caregiver's support help stop the behavior?	**0** *No history of developmental risk factor; no need for attention or intervention.* There is no evidence of self-harm behaviors. **1** *Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.* History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver. **2** *Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the identified need is addressed.* Child's self-harm behaviors such as head banging cannot be impacted by supervising adult and interferes with their functioning. **3** *Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.* Child's self-harm behavior puts their safety and well-being at risk. **NA** Child is younger than 12 months (1 year) of age.

EXPLOITED

This item describes a history and pattern of being the object of abuse and includes a level of current risk for re-victimization. For children birth to age five, this can include sexual exploitation or being taken advantage of by others **This item is rated across the lifespan.**

Questions to Consider	Ratings and Descriptions
• Has the child ever been victimized in any way (e.g., abused, victim of a crime, etc.)? • Are there concerns that they have been or are currently being taken advantage of by peers or other adults? • Is the child currently at risk of being victimized by another person?	**0** *No history of developmental risk factor; no need for attention or intervention.* No evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. Child is not presently at risk for re-victimization. **1** *Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.* Suspicion or history of exploitation, but the child has not been exploited during the past year. Child is not presently at risk for re-victimization. **2** *Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the need is addressed.* Child has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends or violent crime. **3** *Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.* Child has recently been exploited and is at acute risk of re-exploitation.

SEXUALLY PROBLEMATIC BEHAVIOR

This item describes issues around sexual behavior including developmentally inappropriate sexual behavior and problematic sexual behavior. **The child must be 24 months of age to rate this item.**

Questions to Consider
- Has the child ever been involved in sexual activities or done anything sexually inappropriate?
- Has the child ever had difficulties with sexualized behavior or problems with physical/sexual boundaries?

Ratings and Descriptions

0   *No history of developmental risk factor; no need for attention or intervention.*
No evidence of problems with sexual behavior.

1   *Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.*
History or evidence of problems with sexual behavior. This includes occasional inappropriate sexual behavior. Poor boundaries with regards to physical/sexual contact may be rated here.

2   *Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the need is addressed.*
Individual's problems with sexual behavior are impairing functioning in at least one life area. For example, frequent inappropriate sexual behavior or disinhibition, including public disrobing or frequent sexualized language. Age-inappropriate sexualized behavior, or lack of physical/sexual boundaries is rated here.

3   *Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.*
Severe problems with sexual behavior including exhibitionism, sexually aggressive behavior or other severe sexualized or sexually reactive behavior.

NA   Child is younger than 24 months (2 years) of age.

PRENATAL CARE

This item refers to the health care and pregnancy-related illness of the mother that impacted the child in utero.

Questions to Consider
- What kind of prenatal care did the biological mother receive?
- Did the mother have any unusual illnesses or risks during pregnancy?

Ratings and Descriptions

0   Child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.

1   Child's biological mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here; her care must have begun in the first or early second trimester. A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.

2   Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.

3   Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

EXPOSURE
This item describes the child's exposure to environmental toxins and substance use and abuse both before and after birth. **This item is rated across the lifespan.**

Questions to Consider

- Was the child exposed to substances during the pregnancy? If so, what substances?

Ratings and Descriptions

0   *No history of developmental risk factor; no need for attention or intervention.*
    Child had no in utero exposure to environmental toxins, alcohol or drugs, and there is currently no exposure in the home.

1   *Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.*
    Child had either some in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy, or exposure to lead at home), or there is current alcohol and/or drug use in the home or environmental toxins in the home or community.

2   *Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the need is addressed.*
    Child was exposed to significant environmental toxins, alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine), significant use of alcohol or tobacco, or exposure to environmental toxins would be rated here.

3   *Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.*
    Child was exposed to environmental toxins, alcohol or drugs in utero and continues to be exposed in the home or community. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here. A child who ingested lead paint and exhibited symptoms would be rated here.

LABOR AND DELIVERY
This item refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth.

	Ratings and Descriptions
	0 Child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
Questions to Consider • Where there any unusual circumstances related to the labor and delivery of the child?	**1** Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-section or a delivery-related physical injury (e.g. shoulder displacement) to the baby is rated here.
	2 Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7 or needed some resuscitative measures at birth is rated here.
	3 Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower or who needed immediate or extensive resuscitative measures at birth would be rated here.

BIRTH WEIGHT
This item describes the child's birth weight as compared to normal development.

	Ratings and Descriptions
	0 Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
Questions to Consider • How did the child's birth weight compare to typical averages?	**1** Child born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.
	2 Child considerably under-weight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
	3 Child extremely under-weight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

FAILURE TO THRIVE
This item rates the presence of problems with weight gain or growth.

	Ratings and Descriptions
	0 *No history of developmental risk factor; no need for attention or intervention.* No evidence of failure to thrive.

Questions to Consider

- Does the child have any problems with weight gain or growth either now or in the past?
- Are there any concerns about the child's eating habits?
- Does the child's doctor have any concerns about the child's growth or weight gain?

1   *Suspicion of developmental risk factor; requires monitoring, watchful waiting, or preventive activities.*
The child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. Or, the child may presently be experiencing slow development in this area.

2   *Evidence that developmental risk factor occurred in the child's history and is impacting functioning; requires action to ensure that the need is addressed.*
The child is experiencing problems in their ability to maintain weight or growth. The child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75th to 25th).

3   *Evidence of dangerous or disabling impact of developmental risk factor; requires immediate and/or intensive action.*
The child has one or more of all of the above and is currently at serious medical risk.

STRENGTHS

For the **Strengths,** the following categories and action levels are used:

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

FAMILY STRENGTHS

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/ youth is still in contact.

Questions to Consider

- How does your child/youth get along with siblings or other children in the household?
- How does your child/youth get along with caregivers or other adults in the household?
- Is your child/youth particularly close to one or more members of the family?

Ratings and Descriptions

0   *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.

1   *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

Family has some good relationships and good communication. Family members are able to enjoy each other's company.   There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support.

2   *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.

3   *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

Family needs significant assistance in developing relationships and communications, or child/ youth has no identified family. Child/youth is not included in normal family activities.

INTERPERSONAL

This item is used to identify a child/youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Questions to Consider

- How does your child interact with other children and adults?
- How does your child do in social settings?

Ratings and Descriptions

0 *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
   Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.

1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
   Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.

2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
   Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.

3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
   There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

Supplemental Information: For children birth to 5 years old, consider the following:

- Action level '0': Child has a prosocial or "easy" temperament and, if old enough, is interested and effective at initiating relationships with other children or adults. If still an infant, child exhibits anticipatory behavior when fed or held.
- Action level '1': Child has formed a positive interpersonal relationship with at least one non-caregiver. Child responds positively to social initiations by adults but may not initiate such interactions by themselves.
- Action level '2': Child may be shy or uninterested in forming relationships with others, or – if still an infant - child may have a temperament that makes attachment to others a challenge.
- Action level '3': Child with no known interpersonal strengths. Child does not exhibit any age-appropriate social gestures (e.g. Social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

NATURAL SUPPORTS

This item refers to unpaid helpers in the child/youth's natural environment. These include individuals who provide social support to the target child/youth and family. All family members and paid caregivers are excluded.

	Ratings and Descriptions

Questions to Consider

- Who does the child consider to be a support?
- Does the child have non-family members in their life that are positive influences?

0	*Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.
1	*Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.
2	*Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child/youth has some identified natural supports, however, these supports are not actively contributing to the child/youth's healthy development.
3	*An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child/youth has no known natural supports (outside of family and paid caregivers).

RESILENCY (PERSISTENCE AND ADAPTABILITY)
This item refers to how the child reacts to new situations or experiences, how they respond to changes in routines, as well as their ability to keep trying a new task/skill, even when it is difficult for them.

Questions to Consider

- Does child show ability to hang in there even when frustrated by a challenging task?
- Does child routinely require adult support in trying a new skill/activity?
- Can child easily and willingly transition between activities?
- What type of support does the child require to adapt to changes in schedules?

Ratings and Descriptions

0   *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*
    The child consistently has a strong ability to adjust to changes and transitions, and continue an activity when challenged or meeting obstacles. This supports further growth and development and can be incorporated into a service plan as a centerpiece strength.

1   *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*
    Child with good curiosity and some ability to continue an activity that is challenging. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to them, would be rated here. The child demonstrates a level of adaptability and ability to continue in an activity that is challenging. The child could benefit from further development in this area before it is considered a significant strength.

2   *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*
    The child shows some ability to continue a challenging task although this needs to be more fully developed. Parents and caregivers need to be the primary support in this area.

3   *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*
    Child's difficulties coping with challenges places their development at risk. Child may seem frightened of new information, changes or environments.

RELATIONSHIP PERMANENCE

This item refers to the stability and consistency of significant relationships in the child's life. This likely includes family members but may also include other adults and/or peers.

Questions to Consider	Ratings and Descriptions
• Has anyone consistently been in the child's life since birth? • Are there other significant adults in the child's life? • Has the child been in multiple home placements?	**0** *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.* Child has very stable relationships. Family members, friends, and community have been stable for most of their life and are likely to remain so in the foreseeable future. Child is involved with their parents. **1** *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.* Child has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here. **2** *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.* Child has had at least one stable relationship over their lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death. **3** *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.* Child does not have any stability in relationships. Independent living or adoption must be considered.

PLAYFULNESS

This item rates the degree to which a child is given opportunities for and participates in age appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.

Questions to Consider
- Is the child easily engaged in play?
- Does the child initiate play? Can the child sustain play?
- Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?

Ratings and Descriptions

0   *Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.*

The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.

1   *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*

The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play.

2   *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*

The child demonstrates the ability to enjoy play and use it to support their development some of the time or with support of a caregiver. Even with this in place there does not appear to be investment and enjoying in the child.

3   *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*

The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.

CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family's primary language, and/or ensure that a child/youth in placement has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Health care disparities are differences in health care quality, affordability, access, utilization and outcomes between groups. Culture in this domain is described broadly to include cultural groups that are racial, ethnic or religious, or are based on age, sexual orientation, gender identity, socio-economic status and/or geography. Literature exploring issues of health care disparity states that race and/or ethnic group membership may be a primary influence on health outcomes.

It is it important to remember when using the CANS that the family should be defined from the individual child/youth's perspective (i.e., who the individual describes as part of their family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

Question to Consider for this Domain: How does the child/youth's membership in a particular cultural group impact their stress and well-being?

For the **Cultural Factors Domain**, use the following categories and action levels:

0 No evidence of any needs; no need for action.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.

3 Need is dangerous or disabling; requires immediate and/or intensive action.

CULTURAL STRESS

This item identifies circumstances in which the child/youth's cultural identity is met with hostility or other problems within the child/youth's environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the child/youth and their family). Racism, negativity toward sexual orientation, gender identity and expression (SOGIE) and other forms of discrimination would be rated here.

Questions to Consider

- What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?

Ratings and Descriptions

0 *No evidence of any needs; no need for action.*
   No evidence of stress between the child/youth's cultural identity and current environment or living situation.

1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*
   Some mild or occasional stress resulting from friction between the child/youth's cultural identity and current environment or living situation. [continues]

CULTURAL STRESS continued

Questions to Consider		
• Does this impact their functioning as both individuals and as a family? • How does the caregiver support the child/youth's identity and experiences if different from the caregiver's own?	2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/youth needs support to learn how to manage culture stress.
	3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/youth needs immediate plan to reduce culture stress.

CULTURAL DIFFERENCES WITHIN THE FAMILY

Sometimes members within a family have different backgrounds, values and/or perspectives. This might occur in a family where the individual is from a different race, culture, ethnicity, or socioeconomic status. The family may struggle to understand or lack awareness of the individual's experience of discrimination. Additionally, this may occur in families where the parents are first generation immigrants to the United States. The individual may refuse to adhere to certain cultural practices, choosing instead to participate more in popular US culture.

Questions to Consider	Ratings and Descriptions	
• Does the family and the individual have different understandings of behaviors that are rooted in cultural traditions? • Does the family and individual understand and respect each other's perspectives? • Does the family and individual have conflicts that result from different cultural perspectives?	0	*No evidence of any needs; no need for action.* No evidence of conflict, stress, or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.
	1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.* Individual and family have struggled with cultural differences in the past but are currently managing them well or there are mild issues of disagreement.
	2	*Action is required to ensure that the identified need is addressed; need is interfering with functioning.* Individual and family experience difficulties managing cultural differences within the family that negatively impacts the functioning of the individual.
	3	*Need is dangerous or disabling; requires immediate and/or intensive action.* Individual and family experience such significant difficulty managing cultural differences within the family that it interferes with their functioning and/or requires immediate action.

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

For the **Potentially Traumatic/Adverse Childhood Experiences Domain**, the following categories and action levels are used[*]:

No   No evidence of any trauma of this type.

Yes   Child/youth has had experience or there is suspicion that child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

*Please note that this rating scale represents a change from previous versions of the CANS.

Rate the following items within the child/youth's lifetime.

SEXUAL ABUSE
This item describes whether or not the child/youth has experienced sexual abuse.

Questions to Consider
- Has the caregiver or child/youth disclosed sexual abuse?
- How often did the abuse occur?
- Did the abuse result in physical injury?

Ratings and Descriptions

No   There is no evidence that the child/youth has experienced sexual abuse.

Yes Child/youth has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse – single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Child/youth with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.

PHYSICAL ABUSE
This item describes whether or not the child/youth has experienced physical abuse.

Questions to Consider
- Is physical discipline used in the home? What forms?
- Has the child/youth ever received bruises, marks, or injury from discipline?

Ratings and Descriptions

No   There is no evidence that the child/youth has experienced physical abuse.

Yes Child/youth has experienced or there is a suspicion that they have experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

NEGLECT

This item describes whether or not the child/youth has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

Questions to Consider	Ratings and Descriptions
• Is child/youth receiving adequate supervision? • Are basic needs for food and shelter being met? • Is the child/youth allowed access to necessary medical care? Education?	**No** There is no evidence that the child/youth has experienced neglect. **Yes** Child/youth has experienced neglect, or there is a suspicion that they have experienced neglect. This includes occasional neglect (e.g., child/youth left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

EMOTIONAL ABUSE

This item rates whether the child/youth has experienced verbal and nonverbal emotional abuse, including belittling, shaming, and humiliating, calling names, making negative comparisons to others, or telling the child/youth that they are "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child/youth and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.

Questions to Consider	Ratings and Descriptions
• How does the caregiver talk to/interact with the child/youth? • Is there name calling or shaming in the home?	**No** There is no evidence that child/youth has experienced emotional abuse. **Yes** Child/youth has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner by caregivers, being denied emotional attention or completely ignored, or threatened/terrorized by others.

MEDICAL TRAUMA

This item describes whether or not the child/youth has experienced medically-related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider	Ratings and Descriptions
• Has the child/youth had any broken bones, stitches or other medical procedures? • Has the child/youth had to go to the emergency room, or stay overnight in the hospital?	**No** There is no evidence that the child/youth has experienced any medical trauma. **Yes** Child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the child/youth's physical functioning. A suspicion that a child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.

Supplemental Information: This item takes into account the impact of the event on the child/youth. It describes experiences in which the child/youth is subjected to medical procedures that are experienced as upsetting and overwhelming. A child/youth born with physical deformities who is subjected to multiple surgeries could be included. A child/youth who must experience chemotherapy or radiation could also be included. Children/youth who experience an accident and require immediate medical intervention that results in on-going physical limitations or deformities (e.g., burn victims) could be in included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming for children/youth (e.g., shots, pills) would generally not be rated here.

NATURAL OR MANMADE DISASTER
This item describes the child/youth's exposure to either natural or manmade disasters.

Questions to Consider
- Has the child/youth been present during a natural or manmade disaster?
- Does the child/youth watch television shows containing these themes or overhear adults talking about these kinds of disasters?

Ratings and Descriptions

No	There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.
Yes	Child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (i.e. on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g. caregiver loses job). A suspicion that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.

WITNESS TO FAMILY VIOLENCE
This item describes exposure to violence within the child/youth's home or family.

Questions to Consider
- Is there frequent fighting in the child/youth's family?
- Does the fighting ever become physical?

Ratings and Descriptions

No	There is no evidence the child/youth has witnessed family violence.
Yes	Child/youth has witnessed, or there is a suspicion that they have witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.

WITNESS TO COMMUNITY/SCHOOL VIOLENCE
This item describes the exposure to incidents of violence the child/youth has witnessed or experienced in their community. This includes witnessing violence at the child/youth's school or educational setting.

Questions to Consider
- Does the child/youth live in a neighborhood with frequent violence?
- Has the child/youth witnessed or directly experienced violence at their school?

Ratings and Descriptions

No	There is no evidence that the child/youth has witnessed violence in the community or in school.
Yes	Child/youth has witnessed or experienced violence in the community or in school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the child/youth has witnessed or experienced violence in the community would be rated here.

WAR/TERRORISM AFFECTED
This item describes the child/youth's exposure to war, political violence, torture or terrorism.

Questions to Consider	Ratings and Descriptions	
• Has the child/youth or their family lived in a war torn region? • How close was the child/youth to war or political violence, torture or terrorism? • Was the family displaced?	No	No evidence that the child/youth has been exposed to war, political violence, torture or terrorism.
	Yes	Child/youth has experienced, or there is suspicion that they have experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the child/youth may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the child/youth; child/youth may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; child/youth may have been directly injured, tortured, or kidnapped in a terrorist attack; child/youth may have served as a soldier, guerrilla, or other combatant in their home country. Also included is a child/youth who did not live in war or terrorism-affected region or refugee camp, but family was affected by war.

Supplemental Information: Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

VICTIM/WITNESS TO CRIMINAL ACTIVITY
This item describes the child/youth's exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, assault or battery.

Questions to Consider	Ratings and Descriptions	
• Has the child/youth or someone in their family ever been the victim of a crime? • Has the child/youth seen criminal activity in the community or home?	No	There is no evidence that the child/youth has been victim or a witness to criminal activity.
	Yes	Child/youth has been victimized, or there is suspicion that they have been victimized or witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or child/youth has witnessed the death of a family friend, loved one.

Supplemental Information: Any behavior that could result in incarceration is considered criminal activity. A child/youth who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific items. A child/youth who has witnessed drug dealing, assault or battery would also be rated on this item.

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

This item documents the extent to which a child/youth has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

Questions to Consider	Ratings and Descriptions
• Has the child/ youth ever lived apart from their parents/ caregivers? • What happened that resulted in the child/youth living apart from their parents/ caregivers?	**No** There is no evidence that the child/youth has experienced disruptions in caregiving and/or attachment losses. **Yes** Child/youth has been exposed to, or there is suspicion that they have been exposed to at least one disruption in caregiving with familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Child/youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.

Supplemental Information: Children/youth who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Children/youth who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the child/youth's caregiver remains the same, would not be rated on this item.

PARENTAL CRIMINAL BEHAVIOR

This item describes the criminal behavior of both biological and step parents, and other legal guardians, but not foster parents.

Questions to Consider	Ratings and Descriptions
• Has the child/ youth's parents/ guardian or family been involved in criminal activities or ever been in jail?	**No** There is no evidence that child/youth's parents have ever engaged in criminal behavior. **Yes** One or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in a conviction or incarceration. A suspicion that one or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in conviction or incarceration would be rated here.

CAREGIVER RESOURCES & NEEDS DOMAIN

This section focuses on the strengths and needs of the caregiver. **Please note: For the Ohio Brief CANS, this section should be completed for the child/youth's current Primary Caregiver only.**

Question to Consider for this Domain: What are the resources and needs of the child/youth's primary caregiver?

For the **Caregiver Resources & Needs Domain,** use the following categories and action levels:

0   No current need; no need for action. This may be a resource for the child/youth.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

2   Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.

3   Need prevents the provision of care; requires immediate and/or intensive action.

SUPERVISION
This item rates the caregiver's capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their child/youth.

Questions to Consider

- How does the caregiver feel about their ability to keep an eye on and discipline the child/youth?
- Does the caregiver need some help with these issues?

Ratings and Descriptions

0   *No current need; no need for action. This may be a resource for the child/youth.*
No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.

2   *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.

3   *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.

KNOWLEDGE

This item identifies the caregiver's knowledge of the child/youth's strengths and needs, and their ability to understand the rationale for the treatment or management of these problems.

Questions to Consider

- Does the caregiver understand the child/youth's current mental health diagnosis and/or symptoms?
- Does the caregiver's expectations of the child/youth reflect an understanding of the child/youth's mental or physical challenges?

Ratings and Descriptions

0   *No current need; no need for action. This may be a resource for the child/youth.*
No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills and assets.

2   *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.

3   *Need prevents the provision of care; requires immediate and/or intensive action.*
Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs places the child/youth at risk of significant negative outcomes.

RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and <u>does not</u> include the likelihood that the child or youth will be removed from the household.

Questions to Consider

- Is the family's current housing situation stable?
- Are there concerns that they might have to move in the near future?
- Has family lost their housing?

Ratings and Descriptions

0   *No current need; no need for action. This may be a resource for the child/youth.*
Caregiver has stable housing with no known risks of instability.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.

2   *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
Caregiver has moved multiple times in the past year. Housing is unstable.

3   *Need prevents the provision of care; requires immediate and/or intensive action.*
Family is homeless, or has experienced homelessness in the recent past.

MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to parent the child/youth. This item does not rate depression or other mental health issues.

Questions to Consider	Ratings and Descriptions
• How is the caregiver's health? • Does the caregiver have any health problems that limit their ability to care for the family?	**0** *No current need; no need for action. This may be a resource for the child/youth.* No evidence of medical or physical health problems. Caregiver is generally healthy. **1** *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems. **2** *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has medical/physical problems that interfere with their capacity to parent the child/youth. **3** *Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.

MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to the child/youth.

Questions to Consider	Ratings and Descriptions
• Do caregivers have any mental health needs that make parenting difficult? • Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?	**0** *No current need; no need for action. This may be a resource for the child/youth.* No evidence of caregiver mental health difficulties. **1** *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties. **2** *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver's mental health difficulties interfere with their capacity to parent. **3** *Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

SUBSTANCE USE
This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child/youth.

Questions to Consider	Ratings and Descriptions
	0 *No current need; no need for action. This may be a resource for the child/youth.* No evidence of caregiver substance use issues.
• Do caregivers have any substance use needs that make parenting difficult? • Is the caregiver receiving any services for the substance use problems?	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
	2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has some substance abuse difficulties that interfere with their capacity to parent.
	3 *Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.

DEVELOPMENTAL
This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.

Questions to Consider	Ratings and Descriptions
	0 *No current need; no need for action. This may be a resource for the child/youth.* No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
• Does the caregiver have developmental challenges that make parenting/ caring for the child/youth difficult?	1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
	2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
	3 *Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

SAFETY
This item describes the caregiver's ability to maintain the child/youth's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

Ratings and Descriptions

Questions to Consider

- Is the caregiver able to protect the child/youth from harm in the home?
- Are there individuals living in the home or visiting the home that may be abusive to the child/youth?

0	*No current need; no need for action. This may be a resource for the child/youth.* No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Child/youth is in some danger from one or more individuals with access to the home.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Child/youth is in immediate danger from one or more individuals with unsupervised access.

All referents are legally required to report suspected child abuse or neglect.

FAMILY STRESS
This item rates the impact of managing the child/youth's behavioral and emotional needs on the family's stress level.

Ratings and Descriptions

Questions to Consider

- Do caregivers find it stressful at times to manage the challenges in dealing with the child/youth's needs?
- Does the stress ever interfere with ability to care for the child/youth?

0	*No current need; no need for action. This may be a resource for the child/youth.* No evidence of caregiver having difficulty managing the stress of the child/youth's needs and/or caregiver is able to manage the stress of child/youth's needs.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* There is a history or suspicion of and/or caregiver has some problems managing the stress of child/youth's needs.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has notable problems managing the stress of child/youth's needs. This stress interferes with their capacity to provide care.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver is unable to manage the stress associated with child/youth's needs. This stress prevents caregiver from parenting.

CAREGIVER POST-TRAUMATIC REACTIONS

This item covers the caregiver's reactions to a variety of traumatic experiences that challenges the caregiver's ability to provide care for the child/youth.

Questions to Consider

- Has the caregiver experienced a traumatic event?
- Does the caregiver experience frequent nightmares?
- Are they troubled by flashbacks?
- What are the caregiver's current coping skills?

Ratings and Descriptions

0   *No current need; no need for action. This may be a resource for the child/youth.*

There is no evidence that the caregiver has experienced trauma, OR there is evidence that the caregiver has adjusted well to their traumatic experiences.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*

The caregiver has mild adjustment problems and exhibits some signs of distress, OR caregiver has a history of having difficulty adjusting to traumatic experiences.

2   *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*

The caregiver has marked adjustment problems and is symptomatic in response to a traumatic event (e.g., anger, depression, and anxiety).

3   *Need prevents the provision of care; requires immediate and/or intensive action.*

The caregiver has post-traumatic stress difficulties. Symptoms may include intrusive thoughts, hyper vigilance, constant anxiety, and other common symptoms of Post-Traumatic Stress Disorder (PTSD).

MARITAL/PARTNER VIOLENCE IN THE HOME
This item describes the degree of difficulty or conflict in the parent/caregiver's relationship and the impact on parenting and providing care.

Questions to Consider

- How are power and control handled in the caregivers' relationship with each other?
- How frequently does the child/youth witness caregiver conflict?
- Does the caregivers' conflict escalate to verbal aggression, physical attacks or destruction of property?

Ratings and Descriptions

0   *No current need; no need for action. This may be a resource for the child/youth.*
    Parents/caregivers appear to be functioning adequately. There is no evidence of notable conflict in the parenting relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.

1   *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*
    History of marital difficulties and partner arguments. Caregivers are generally able to keep arguments to a minimum when child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.

2   *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*
    Marital/partner difficulties including frequent arguments that escalate to verbal aggression, the use of verbal aggression by one partner to control the other, or significant destruction of property which the child/youth often witnesses.

3   *Need prevents the provision of care; requires immediate and/or intensive action.*
    Marital or partner difficulties often escalate to violence and the use of physical aggression by one partner to control the other. These episodes may exacerbate child/youth's difficulties or put the child/youth at greater risk.

Supplemental Information: Marital/partner violence is generally distinguished from family violence in that the former is focused on violence among caregiver partners. Since marital/partner violence is a risk factor for child abuse and might necessitate reporting, it is indicated here as only violence among caregiver partners (e.g., spouses, lovers). The child/youth's past exposure to marital/partner violence with current or other caregivers is rated a '1'. This item would be rated a '2' if the child/youth is exposed to marital/partner violence in the household and child protective services must be called; a '3' indicates that the child/youth is in danger due to marital/partner violence in the household and requires immediate attention.

FAMILY RELATIONSHIP TO THE SYSTEM

This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children/youth, a clinician must consider this belief and understand its impacts on the family's choices. These complicated factors may translate into generalized discomforts with the formal health care system and may require that the care provider reconsider their approach.

Ratings and Descriptions

Questions to Consider

- Does the caregiver express any hesitancy in engaging in formal services?
- How does the caregiver's hesitancy impact their engagement in care for their child/youth?

0	*No current need; no need for action. This may be a resource for the child/youth.* The caregiver expresses no concerns about engaging with the formal helping system.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* The caregiver expresses some hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.

LEGAL INVOLVEMENT

This item rates the caregiver's level of involvement in the criminal justice system which impacts their ability to parent. This includes divorce, civil disputes, custody, eviction, property issues, worker's comp, immigration etc.

Ratings and Descriptions

Questions to Consider
- Is one or more of the caregivers incarcerated or on probation?
- Is one or more of the caregivers struggling with immigration or legal documentation issues?
- Is the caregiver involved in civil disputes, custody, family court?

0	*No current need; no need for action. This may be a resource for the child/youth.* Caregiver has no known legal difficulties.
1	*Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.* Caregiver has a history of legal problems but currently is not involved with the legal system.
2	*Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.* Caregiver has some legal problems and is currently involved in the legal system.
3	*Need prevents the provision of care; requires immediate and/or intensive action.* Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here.